

MIED ProSe 14 (Rev 5/16) Complaint for Violation of Civil Rights (Prisoner Complaint)

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF MICHIGAN

(REAL PERSON)

THOMAS KING

PLEASE DO NOT  
SPELL MY NAME IN  
ALL CAPS!

*(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)*

v.

Midland County

ADVANCED CORRECTIONAL HEALTHCARE

DR. NISHA CHELLEM

C.O. SAYLOR

*(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)*

Case: 2:21-cv-11369

Judge: Borman, Paul D.

MJ: Ivy, Curtis

Filed: 06-01-2021 At 02:00 PM

PRIS THOMAS KING V MIDLAND COUNTY ET AL (SS)

Jury Trial: ☒ Yes ☐ No  
(check one)

**Complaint for Violation of Civil Rights  
(Prisoner Complaint)**

**NOTICE**

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

**Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.**

**In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in *forma pauperis*.**

MIED ProSe 14 (Rev 5/16) Complaint for Violation of Civil Rights (Prisoner Complaint)**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name Thomas King  
 All other names by which you have been known:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 ID Number 904517  
 Current Institution MIDLAND COUNTY CORRECTIONAL FACILITY  
 Address 105 EAST ICE DRIVE  
MIDLAND, MICHIGAN 48642

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

**Defendant No. 1**

Name ADVANCED CORRECTIONAL HEALTHCARE, INC.  
 Job or Title HEALTH CARE PROVIDER  
 (if known)  
 Shield Number N/A  
 Employer MIDLAND COUNTY  
 Address 3922 W. BAKING TRACE  
PEORIA, IL 61615  
☒ Individual capacity ☒ Official capacity

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**Defendant No. 2**

Name

Midland County, Michigan

Job or Title  
(if known)

RESPONDEAT SUPERIOR

Shield Number

N/A

Employer

STATE OF MICHIGAN

Address

101 FAST ICE DRIVE

MIDLAND, MICHIGAN 48642



Individual capacity



Official capacity

**Defendant No. 3**

Name

Nisha Chellam

Job or Title  
(if known)

DOCTOR

Shield Number

N/A

Employer

ADVANCED CORRECTIONAL HEALTHCARE, INC.

Address

3922 W. BAKING TRACE

PEORIA, IL 61615



Individual capacity



Official capacity

**Defendant No. 4**

Name

J. SAYLOR

Job or Title  
(if known)

DEPUTY / CORRECTIONAL OFFICER

Shield Number

N/A

Employer

Midland County

Address

101 FAST ICE DRIVE

MIDLAND, MICHIGAN 48642



Individual capacity



Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

- ☐ Federal officials (a *Bivens* claim)  
☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

1. A SAFE AND HEALTHY ENVIRONMENT.
2. PROFESSIONAL AND COMPETENT HEALTHCARE.
3. THE RIGHT TO HUMANITY, COMMON LAW
4. TO BE FREE FROM CRUEL AND UNUSUAL PUNISHMENT UNDER THE EIGHTH AMENDMENT.
5. CHAIN CONSPIRACY; VIOLATION OF UCCI-308

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

N/A

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- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

1. ACH, INC. failed to provide me complete medical care by a professional.

2. DR. Nisha Chellam refused to treat any of my issues regarding my gunshot wounds, or PTSD.

3. Midland County has failed to provide a clean safe, healthy environment.

4. Officer J. Saylor showed implicit bias by taking my wheelchair from me now I can barely walk or stand.

5. Midland County is guilty of crime conspiracy for refusing me medical treatment, my wheelchair and the proper forms to file

### III. Prisoner Status A written grievance.

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☐ Convicted and sentenced state prisoner
- ☒ Convicted and sentenced federal prisoner
- ☐ Other (explain) \_\_\_\_\_

### IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

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- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

N/A

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

Midland County Correctional Facility.  
Inmate Housing J-Pod.  
Sometime in the Month of April.

- C. What date and approximate time did the events giving rise to your claim(s) occur?

The End of March Beginning of April, times  
and dates are hard to remember do to PTSD.

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D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

1. I was denied Medical treatment By ACH, INC.; ENX AS ENSURE protein drinks, wheel chair or walker or any physical therapy AS prescribed for my rehabilitation, AND ENSURE for my BONES
2. Midland County has failed to provide A safe AND Healthy environment, there is no pods for handicapp people, No slip proof mats on handles, or emergency strings, or Buttons in the showers. Nor have they provided any MENTAL Health Programs to help inmates deal with PTSD CAUSED By the PANDEMIC COVID-19, AND Getting shot SEVERAL TIMES with a MACHINE GUN.
3. Midland County Jail has shown EXTREME Implicit Bias during AND AFTER George floyds death to BLACK-AFRIKAN inmates, denying us newspapers, Final calls Religious newspapers, radio, AND very limited Television with 6 channels Controlled By Jail staff.
4. J. Saylor is the leader of the chain conspiracy Against AFRIKAN Males here in the Jail preventing any education on COVID-19, the VARIANTS, the VACCINES. SINCE IVE ASKED for this form the staff HAVE BEEN in RETALIATION Against me trying to intimidate me, taking my visits, No allowing me any privacy.

MIED ProSe 14 (Rev 5/16) Complaint for Violation of Civil Rights (Prisoner Complaint)**V. Injuries**

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

1. PTSD, Emotional Duress, Denying Access to Religious Media
2. Physical Pain in legs, Back, Body.
3. I was denied Any physical therapy.
4. Nothing for my pain, Denied ENSURE DRINKS for my BONES
5. DENIED ENSURE PROTEIN DRINKS to help Repair my BONES, I WAS DENIED Orthopedic SHOES By ACH, inc. and Midland County.
6. BACK AND NECK INJURIES FROM FALLING inside the UNSAFE SHOWERS with NO RUBBER MAT.
7. My BONES HURT AND FEET hurt SO BAD.

**VI. Relief**

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

1. \$1,000,000 from ACH, inc for GROSS NEGLIGENCE AND Medical Malpractice.
2. \$750,000 from Midland County for NOT provide HANDICAP Pools, HANDICAP SHOWERS with RUBBER MATS slip proof, SHOWERS with AN EMERGENCY BUTTON OR STRING, 10,000 from OFFICER J. Saylor for TAKEN my wheelchair CAUSING PAIN to my legs.
3. To Add Both Midland County AND ACH, inc. RESPONSIBLE AND MORE ACCOUNTABLE for the CHARGES to the shower for safety, CREATING A Pool JUST for inmates with disabilities AND HANDICAP'S, AND MORE EDUCATION ON COVID-19 AND the BENEFITS of the VACCINES.
4. LAST thing A SOCIAL WORK Add to Midland County to ADVOCATE for ALL inmates EXPERIENCING MENTAL HANDICAPS FROM PTSD, AND NEGLECT BY ACH, inc.



**VII. Exhaustion of Administrative Remedies Administrative Procedures**

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

WAYNE COUNTY DICKERSON CORRECTIONAL FACILITY -  
MIDLAND COUNTY CORRECTIONAL FACILITY.

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☐ Yes

☐ No

☒ Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☐ No

☒ Do not know

If yes, which claim(s)?

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D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

E. If you did file a grievance:

1. Where did you file the grievance?

ON the kiosk inside Midland County Jail and  
Verbally to several staff members on camera in the  
County of Midland State of Michigan.

2. What did you claim in your grievance?

THAT my wheelchair was taken, And that I am in  
EXTREME PAIN. Also to medical to be taken to the Hospital to have  
my screws and health check by anyone other than Dr. Nisha  
Chellam.

3. What was the result, if any?

I WAS THROWN INTO SEGREGATION, STRIPPED OF MY VISIT AND  
held incommunicado through chain conspiracy. DENIED anything for  
PAIN, denied ENSURE, denied physical therapy. ON May 26th, 2021  
At 8:45 P.M. the wheelchair was returned to me by Sgt. Hinson, I WAS  
SEEN BY NURSE Practioner Mary Lee of Aching. AND SHE DENIED any pain  
meds or ENSURE or physical therapy until all medical records were obtained.

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4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. *(Describe all efforts to appeal to the highest level of the grievance process.)*

I STOP WITH ANY FURTHER STEPS DO TO IMPLICIT BIAS AND RETALIATION FROM J. Snylor, CIO: HURREN AND OTHER STAFF. I AM AFRAID FOR MY LIFE AND SAFETY AND HEALTH, AND FEAR THAT I WILL CONTINUE TO BE DENIED PROFESSIONAL CARE.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

11

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

11

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I ASKED FOR POLICY AND PROCEDURE IN WRITING AND WAS DENIED. I ASKED FOR A GRIEVANCE FORM WITH CARBON COPIES SO I CAN KEEP ONE TO SEND TO MY FAMILY I WAS DENIED.

I AM UNABLE TO ATTACH ANYTHING CAUSE EVERYTHING IS ON A KIOSK.  
*(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)*

**VIII. Previous Lawsuits**

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

- ☐ Yes  
☒ No

If so, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

N/A

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

- ☐ Yes  
☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) N/A  
 Defendant(s) N/A

2. Court *(if federal court, name the district; if state court, name the county and State)*

N/A

3. Docket or index number

N/A

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4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?

☐ Yes☒ NoIf no, give the approximate date of disposition. N/A

7. What was the result of the case?
- (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

N/A

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☐ Yes☒ No

- D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below.
- (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s)

N/A

Defendant(s)

N/A

2. Court
- (if federal court, name the district; if state court, name the county and State)*

NONE

3. Docket or index number

N/A

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4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?

☐ Yes☒ NoIf no, give the approximate date of disposition. N/A

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

N/AN/A**IX. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: May 27, , 2021 .

Signature of Plaintiff

Thomas King "without Prejudice"

Printed Name of Plaintiff

THOMAS KING (REAL PERSON) NOT A STRAWMAN

Prison Identification #

904517

Prison Address

101 FAST ICE DRIVE SUITE E-101MidlandMICHIGAN48642

City

State

Zip Code

**Additional Information:**

PLEASE Get all Medical Records from  
St. John's Hospital in Detroit, Mi.

1. As of This day still NO ENSURE drinks provided,
2. Still NO handicap Room or HANDICAP Shower's with  
EMERGENCY string or Call Button in Shower's or RUBBER  
Slip PROOF Mats, offered By midland County
3. Still NO physical Therapy offered By ACH, inc.
4. NO Pain Management given By ACH, inc. in violation  
DISCOVERED PERIL DOCTRINE/HUMANITARIAN DOCTRINE,  
AND VINDICTIVE DAMAGES, EXEMPLARY AND PUNITIVE DAMAGES,  
Along with Hedonic damages and future damages, IRREPARABLE  
DAMAGES, CRIMINAL DAMAGES from Midland County.
5. THESE PECUNIARY DAMAGES from Both Midland County and  
ACH, inc has deprived me of life, liberty, freedom of  
MOVEMENT AND PROPERTY. THEREFORE I THOMAS KING  
is REQUESTING lifetime medical and A MONEY Judgment for  
the GROSS Neglect AND PTSD CAUSED By Both parties in the  
Amount of 2.5 million from Midland County and 1.8 million  
from ACH, inc.

Respectfully Requested

Thomas King

PRESS FIRMLY TO SEAL



PRESS F1

6/1/21


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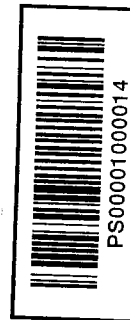
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